

Base Plan: Summit and Advantage Networks Available

In-Network Plan Details	
Deductible (PPY)	\$2,500 Individual / \$7,500 Family
Out-of-Pocket Maximum (OOPM)	\$6,000 Individual / \$12,000 Family
Coinsurance	Carrier Pays 80% / Member Pays 20% AD
In-Network Services	
Preventive Care **	Covered 100%
Office Visit	Primary Care: \$40 Co-pay / Specialist: \$50 Co-pay
PEHP Value Clinic	\$10 Co-pay
TeleHealth	\$10 Co-pay
Mental Health	Outpatient - Office Visits: \$40 Co-pay / Inpatient & Outpatient Services: 20% AD
Chiropractic (20 Visits PPY)	\$50 Co-pay
Hospital	Inpatient & Outpatient: 80 / 20 AD
Diagnostic Imaging & Lab	Minor (Test less than \$350): 20% / Major: 20% AD
Urgent Care	\$60 Co-pay
Emergency Room	80 / 20 AD
In-Network Prescriptions	
	Generic / Preferred / Non-Preferred / Specialty
Deductible (Waived for Generic)	\$250
Pharmacy (Generic Required)	\$25 / 35% APD / 50% APD / 50% APD
Maintenance or Mail Order (Generic Required)	\$50 / 35% APD / 50% APD / 50% APD
Out-of-Network Plan Details *	
Out-of-Network Services	Please see PEHP benefit summary for Out of Network coverage.

Deductible: If any family member reaches the individual deductible then the deductible is satisfied for that family member. If any combination of family members reach the family deductible, then the deductible is satisfied for the entire family.

Out-of-Pocket Maximum (OOPM): If any family member reaches the individual out-of-pocket maximum then the out-of-pocket maximum is satisfied for that family member. If any combination of family members reach the family out-of-pocket maximum, then the out-of-pocket maximum is satisfied for the entire family.

AD: After Deductible

PPY: Per Plan Year

APD: After Pharmacy Deductible

* Member will be responsible for amounts billed by non-participating providers in excess of eligible medical expense amount.

** Please refer to your provided PEHP materials for a full list of covered preventive services and limitations.

Please Note: Some benefits require pre-authorization and/or limitations may apply. Please refer to your provided PEHP materials for additional information.

The table above illustrates your in-network benefits in summary only. For a complete description of benefits, coverages, limitations, and exclusions, consult your plan documents available from Insurance Services or at www.pehp.org.